

STAT

Draft - OMS/ExO/[]ned (16Apr73)

MEMORANDUM FOR: C/DD/M&S/Plans Staff

SUBJECT : Program Submission for FY 1975

REFERENCE : Your memorandum, dated 5 April 1973,
subject as above

As requested in your telecon of 12 April, the following are suggested as answers to the questions listed in referent memorandum.

(A) (1) The Health Education Program (HEP) is some eight months old and is still in its early phases; two Medical Newsletters have been issued and the third is being printed now. A true measure of the effectiveness, success or impact of this program could possibly be derived by measuring the knowledge/behavior of the employees involved before and after exposure to the program. Even then however the results would be open to question since by its very nature, i.e., health, a much longer period of time is implied. At this time we can say that the two initial issues of the Newsletter have been well received. At this early time and in view of the minimal outlay of resources for the HEP, it is our judgment that this is a worthy effort.

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(2) The drug abuse education program is also in its early phases, having been initiated in mid-1972. Here again, as with any educational effort, measurement of effectiveness is not always explicit. Probably the best measure will be a measurement of the incidence of drug abuse two years hence (where the employees and spouses involved have completed their normal overseas tours) against the incidence for the preceding two years. Again, it is our judgment that the low resource outlay for the program, even though a measure of effectiveness may be somewhat delayed, warrants the continuation of the program. (This program is of course directed primarily by the Office of Training, with the OMS providing medical officer speakers.)

(3) The formal Agency Program for the Prevention and Treatment of Alcoholism was inaugurated in March 1972 (OMS has for years of course been seeing employees with this problem. Sometimes this was formal, as, for example, in a Fitness for Duty Evaluation, but at other times this was on an informal elective basis.) During the initial nine months (ending 31 December 1972)

cases involving the excessive use of alcohol were referred to the OMS. As of 31 December 1972

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25X1A

the status of these was as follows:

Still on duty
Recommended for disability retirement
Found not fit for duty (applied for
disability retirement)
Died

25X1A

The [] employees still on duty have been referred for appropriate treatment and are being monitored by the OMS.

For several years prior to the setting up of the formal Agency program on alcoholism, the OMS had studied the matter by means of an intra-OMS task force composed of medical officers and psychologists. In the course of its study, the task force spoke with several nationally prominent individuals working on the subject. One of these, Professor [] who has had extensive experience in industrial alcoholism programs such as those in General Motors and United Airlines, met in discussions with the OMS task force. It was his impression, at the time, that the incidence in the Agency was less than that in industry. This view was also shared by other authorities with whom the task force met.

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(B) Multiphasic Testing/Periodic Health Examination
Program

SUBJECT: Program Submission for FY 1975

MPT/PHE are, in our judgment, that the Agency would forego a splendid opportunity to make a significant contribution to employee health, morale and effectiveness.

(3) The five full-time contract employees are for the MPT/PHE and the IPS -- three for the former, two for the latter. They will be used as follows:

MPT/PHE

- 1 Medical Technician for the additional screenings planned
- 2 Clerks for the additional scheduling and recording requirements

IPS

- 1 Systems Analyst for installation and operation of the IPS
- 1 Clerk to assist the above Analyst

These five full-time contract employees would replace, under the OMS contract ceiling, five part-time employees doing entirely different work. Some of these latter, although presently officially charged to our contract ceiling as required, work only infrequently. One such part-time employee -- a psychometrist -- has been paid only \$565 in FY 1973; another one -- also a psychometrist -- has been paid nothing in FY 1973. Thus, through discontinuing such part-time employees and replacing them with the needed full-time personnel, we would at once

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be providing needed personnel without an increase in contract ceiling, and we would be using this ceiling in a much more effective manner.

(C) Behavioral and Social Sciences

Several years experience with our OMS Committee for the Behavioral and Social Sciences has convinced us that a professional is required who would devote his time exclusively to BSS; professionals from the Psychiatric Staff and the Psychological Services Staff are already committed, if not over-committed, to the priorities of those staffs. We cannot at this time say what we would do if we were required to "absorb" the positions requested for the SPS and secretary.

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(1) The MPT/PHE is budgeted for [] for FY 1974, with an additional [] projected for FY 1975. (A

separate but related Information Processing System (IPS)

is budgeted for [] for FY 1974 and continuing for

FY 1975.) The primary benefit the Agency will derive

from the MPT/PHE program, however immeasurable, is that

of providing an additional means of monitoring employee

health, recommending corrective action where indicated

and through these means maintaining or improving employee

health. The implicit suggestion is that healthy employees

are more effective employees: this must stand as the

benefit the Agency derives from the MPT/PHE.

(2) The limits to the amount of medical service a Government agency may offer its employees are perhaps best set forth in Bureau of the Budget Circular No. A-72 of 18 June 1965. This document is permissive rather than restrictive in thrust, and within certain broad limits, really leaves the scope of an Agency's occupational health services to the discretion of the department or agency head. "In-service examination of employees," as the MPT/PHE program might be considered, are clearly authorized. The consequences of not proceeding with the

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